

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Albert R Counselman
 Full Name (Last, First, Middle Initial)
 Mailing Address 12313 Michaelsford Rd
 City Cockeyville State MD Zip Code 21030-2248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 01 / 05 / 2016
Transaction ID : 39033838
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Ms. Elizabeth R Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 616 S. Bruner Street
 City Hinsdale State IL Zip Code 60521-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 01 / 07 / 2016
Transaction ID : 39034073
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Mr. Ross Hamann
 Full Name (Last, First, Middle Initial)
 Mailing Address Centura Tower
 14185 Dallas Parkway
 City Dallas State TX Zip Code 75254-1319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IMA of Texas, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 07 / 2016
Transaction ID : 39034084
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	